



FOR OFFICE USE ONLY	
REF.#: _____	AMOUNT: _____
BATCH #: _____	DATE: _____

Score Verification Request

Please complete the following score request. You may return it via mail with your check, made payable to NBCC, or via fax with your charge information completed in the space below:
 NBCC Exam Dept. • PO Box 7407 • Greensboro, NC 27417-0407 • FAX: 336-547-0017

Please do not fax more than once. Duplicate faxes may result in duplicate charges. Scores will be sent approximately SIX WEEKS from the date your money is processed.

PLEASE PRINT CLEARLY

Name: _____

Name under which the exam was taken: _____
 (If different than above, please provide documentation of name change.)

NBCC ID or SS#: _____ Daytime Phone Number: () _____

Current Address: _____

E-mail Address: _____

Test Date (month/year): _____ Examination Location (State): _____

Exam Score(s) requested: NCE NCSCE EMAC NCMHCE TJEPC Other _____

Address to where scores should be sent: _____

Number of copies requested: _____
 There is a charge of \$20 per request (not per exam). Inactive NCCs will be charged \$60.

CHARGE ORDER FORM- DO NOT DETACH

IMPORTANT NOTE: Before completing the payment information below, please review the information on <http://www.nbcc.org/stateLicensure/scoring/ScoreVerification.aspx> to help you determine the appropriate fees.

\$ _____ Score verification fee
 \$ _____ Past due amount
 \$ _____ **Total amount to be paid**

Card Type: VISA MasterCard American Express

Name on card: _____

Acct. #: _____ Exp. Date: _____ / _____

Verification Code Numbers (from Back of Card): _____

Cardholder Signature: _____ Date: _____

Daytime Phone: _____ Evening Phone: _____ 5/2009